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CASES OF ABSCESS OF THE BRAIN.

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A CASE of the above disease has recently occurred to me, under very favorable circumstances for observation, and has naturally suggested some others of which I made the post-mortem examinations a number of years ago, although I saw none of these last during life. As they will be hereafter detailed, the symptoms will be found to differ considerably, and more, in proportion, than the morbid appearances; but, whatever the symptoms may have been, positively, they were, in a negative point of view, I think, such as would hardly have been supposed to belong to such disease as was found after death. When tumors form within the cranium slowly and gradually, and the same may be said of abscess of the brain, it is well known that the disease, though not properly latent, is often very well borne; but when the abscess is acute in its character, as in six of the following cases, the absence of certain symptoms is very remarkable.

CASE I.—A lad, 13 years of age, entered the Hospital under my care on the 6th inst., and died on the 17th. March 13th, he went into a store, having recently left school, and three days afterwards began to complain of headache with pain in the ear, and discharge of pus; this last continued for several days, then ceased, and never afterwards returned. Two years previously he had had some trouble in the same ear for a time, with an offensive discharge. His mother also stated that two or three months ago, when coasting, he was kicked by a horse on the back of his head; but, although he was insensible for a few moments, and had slight headache with nausea, he fully recovered in twenty-four hours.

From the time of his fatal attack until death, the prominent and constant symptoms were headache, drowsiness and dilatation of the pupils, with slowness of the pulse and respiration. The pain

was in the forehead—as much upon one side as the other, and never in any other part of the head; severe from the first, but increasing in severity, and during the last two or three days causing him to scream, and sometimes violently. Early in the attack, the stupor was said to have been complete for a few times; but after admission, although he slept much and very quietly, he could always be easily aroused. The pupils were generally very largely dilated, and not at all affected by light, though on some days they were so affected. Intolerance of light and of sound was nearly or quite constant. The pulse varied from 48 to 54, and was often a little irregular. The number of respirations was generally about 18 in the minute, and on one day 15. From the 23d of March, he kept his bed; and from that time vomiting was a prominent and almost daily symptom. He was able, however, with some assistance, to go to the water closet, in the entry, outside of the ward, for some days after admission, but towards the last he was too feeble; loss of flesh and color, as well as of strength, being marked. Throughout the disease the bowels never moved without medicine, although he did not generally require large doses. The urine was always free until the last day, when there was retention. From first to last, the mind was perfectly clear; and there never was the slightest paralysis. Two days before his death there was something like a convulsion, but never at any other time. The skin was always well, after admission; and it could not be ascertained that there had been any febrile symptoms previously. There was no heat nor throbbing in the head, and no suffusion of the eyes. The tongue was moist, and generally more or less coated; liquids generally were taken, but towards the last he took a little bread, and with relish.

The case was regarded as one of abscess of the brain, and palliative treatment only was used; cathartics, leeches twice, and a small blister. Ice to the head was uncomfortable to him; and ether, applied externally, caused nausea. About fifteen hours before his death, the headache almost entirely left him, and severe pain in the small of the back came on; chloroform was inhaled a few times without much if any effect; but after twenty-five drops of the fluid ext. of opium, he was much relieved, and died very easily.

On dissection, twenty-seven hours after death, an abscess was found in the right hemisphere of the brain, towards the base, but otherwise about midway, and containing about three ounces of greenish, inodorous, moderately thick pus; the color and consistency being uniform. The abscess, which was clearly indicated by protrusion and fluctuation, when the dura mater was cut through, was perfectly defined, and lined uniformly by a membrane which was nearly or quite a line in thickness, and firm enough to be raised over the handle of the scalpel, but not reddened; nor was lymph seen upon the inner surface. The substance of the brain

immediately around it was a little softened, and a flattening of the convolutions such as is seen in cases of tubercular meningitis, gave the organ a swollen look, but otherwise it was quite healthy; the septum lucidum, even, not being softened. In the lateral ventricles were several ounces of clear serum; the smallest quantity being upon the diseased side. The arachnoid membrane, over the convexities, wanted its usual moisture, as also the pia mater beneath it; but there was no where a trace of meningitis, nor were the veins, even, unusually congested.

The petrous portion of the right temporal bone, internally, was reddened, as compared with that upon the opposite side, and infiltrated with a somewhat viscid and colored serum; but the internal cavities and the external meatus appeared quite healthy.

In the thorax and abdomen, nothing unusual was found, excepting a moderate distension of the bladder by urine, as is so often seen in the tubercular meningitis of adults. It was rather remarkable that no tubercles, nor any remains of them, were found, as the father of the lad, and a large number of the father's brothers, had died of consumption.

In regard to the cause of the disease in this case, the kick from the horse had probably little or no effect, whatever might have been expected from such an accident. The inflammation of the ear came on very early in the disease, and soon entirely subsided, without having ever been very severe, so far as appeared; the tendency, however, to meningitis, and also to abscess of the brain in cases of inflammation of the ear, is such that I could not but feel that this last served as a spark to light up the inflammation within, and, having done so, it subsided. The circumstance of the membranes being unaffected about the temporal bone, I do not consider as of the least consequence, as opposed to this view of the case; as, so far as I have seen, it is the rule and not the exception. The pain, though very severe, was always confined to the forehead, the two sides being equally affected, and yet the disease was limited to the right hemisphere. In a very few cases of cerebral disease, I have found the pain to be where we should expect to find it; but I think we may be often led astray by this symptom, as in several cases of disease in the very back part of the head I have been struck with the fact that the pain was seated in the forehead.

II.—Aug. 17th, 1839, a little girl, about 14 years of age, had a convulsion; she kept her bed, complained only of pain in her forehead, had no vomiting, and the bowels were easily moved. On the 28th, her physician, Dr. George Hayward, considered her as sufficiently well, and discontinued his visits. On the 1st of September the pain returned, in the evening it became agonizing, and the next morning, at 5 o'clock, she died. The whole duration of the sickness was about sixteen days; and, throughout, there was no affection of the mind, stupor (until the last hour), paralysis,

affection of the pupils, or slowness of the pulse. From Aug. 28th till Sept. 1st, she seemed to be well, and took care of a child in the family, but did no hard work—her mistress attending to her diet, &c.

On dissection, 11 hours after death, an abscess was found, not far from the centre of the right hemisphere of the brain, and containing an ounce or an ounce and a half of thick, dirty, greenish pus. It had burst into the right lateral ventricle, which contained a large quantity of a dirty and exceedingly offensive serous fluid, with flocculi, the inner surface being ash-colored. The abscess was perfectly defined, lined by a thin layer of soft, opaque, recent lymph which could not be raised, and the whole had a decidedly gangrenous odor. The cerebral substance, for the most part, around the abscess, was in a state of yellow gelatiniform softening, but nowhere to the extent of more than half an inch; the convolutions were flattened, and otherwise the organ was healthy. The membranes were nowhere inflamed, though inferiorly the abscess came quite to the surface; the arachnoid was dryish, and beneath it there was not the usual moisture.

The discoloration of the inner surface of the ventricle would seem to show that the abscess had burst into it before death; either one hour before, when the coma came on, or more probably some hours before, when the pain returned.

III.—A lad, 13 years of age, had "typhoid fever" in May, 1843. From that time until death, he had headache, but not severely, until the last of June—the pain being mostly in the forehead. In June, dimness of vision in the left eye came on, and it was a marked symptom ever afterwards. From July 10th till August 9th, he was in the country, where, though he appeared sick, he played somewhat and fished. About the middle of July, he accidentally received a blow upon the back of the head from an andiron; the accident seemed to be a very slight one, but about a week afterwards a swelling appeared over the upper part of the occiput, and on the 16th of August it was about two thirds as large as a marble, and puffy. Sept. 10th, a blister was applied to the occiput, after which the swelling increased, and on the 13th it was opened—the discharge being slight at that time, and until death; a probe was passed in, but the opening through the bone, that was afterwards discovered, was not found. During the last three or four weeks, he had daily attacks of a general tremulousness, which seemed to commence with pain in the back of the neck, and at such times he would be much excited. He never, however, had any proper convulsions; nor was there ever any loss of consciousness or paralysis. During the last ten days he vomited twice; but otherwise the stomach was well; bowels kept loose by medicine. On the 18th of September, he entered the hospital: and on the following morning, before breakfast, and with only a few moments warning, he died. For the above details I was indebted to Dr. George Hayward, Jr.

On dissection, an abscess was found in the very posterior part of the left hemisphere of the brain, of a regular, circular form, and containing four ounces of moderately thick, yellow, inodorous, healthy-looking pus. The cyst that lined the cavity was most remarkably distinct, readily separable from the surrounding parts, about one half of a line in thickness, of a close and moderately firm, but not fibrous structure, somewhat yellowish, not generally opaque, a little reddened in some parts on the inner surface, without any trace of lymph, but bearing some resemblance to a mucous surface, as Lallemand remarks that it may after many years. The cerebral substance, to the extent of two or three inches anteriorly to the abscess, was somewhat gelatiniform in appearance and softened, but not discolored. Immediately around the abscess, in some parts, the white substance, to the depth of from half an inch to one inch, was completely softened, and had the appearance of a coarse cellular structure infiltrated with serum, but without much discoloration. No induration was found around the abscess; nor any effusion of lymph, pus or blood. The brain generally appeared swollen, and rather firm. The right lateral ventricle was large, and filled with clear serum; the left being perhaps rather smaller. The arachnoid over the convexities and the membrane beneath it were remarkably free from moisture; at the seat of the abscess there were strong adhesions to the dura mater, to the extent of about one and a half lines, and a direct opening, to the same extent, through the very upper part of the occipital bone, and into the external abscess, which was about half as large as an English walnut. The abscess, and a portion of the occiput, are in the Museum of the Medical College. The liver was quite large in this case, but otherwise there was no morbid appearance in the thorax or abdomen.

IV.—This case occurred in October, 1848. The patient was a middle-aged man, who had otorrhœa a year before his death, and entered the Eye and Ear Infirmary in this city, where a polypus was removed. The discharge, however, continued. On the 23d of October, Dr. Bethune, under whose care the man had been at the Infirmary, reported to this Society that, ten days previously to his report, he complained of pain in the head, but not particularly in the ear; the pulse was quick, and he had other febrile symptoms. An emetic-cathartic was directed. On the following day he had a rigor, with some slight delirium, and died suddenly with apoplectic symptoms. The above record, which was very kindly sent to me, at my request, by our present Secretary, Dr. Minot, unfortunately does not state how long before death the headache, which was the first cerebral symptom noticed, came on; and in my own notes, which were taken at the time, and are full anatomically, though meagre in regard to symptoms, it is not stated on what day in October the examination was made. I have made a record that the fatal symptoms lasted only about twenty-four hours; and

it may be inferred that he was in a pretty comfortable condition previously, when it is stated that only a day or two before his death he was picking pears in the garden of the Institution.

The abscess involved the greater part of the left lobe of the cerebellum, contained some dirty fluid, and was offensive to a most intolerable degree. Internally, it was sufficiently defined, though not smooth; somewhat greenish, but not brown, nor at all shreddy as from gangrene. The surrounding substance, to a small extent, and to the depth of about two lines, was softened and slightly yellowish, with some capillary apoplexy. Otherwise the brain was healthy, as were the membranes. The left temporal bone was found to be extensively carious; and the membrane of the tympanum, as well as the ossicula, were gone.

V.—This case occurred in August, 1842, and was under the care of Dr. James Jackson. The subject of it was an unmarried woman, 41 years of age, and had been living as a domestic with a family in this city for many years. She enjoyed generally a fair amount of health; but twelve years before death she had hemiplegia of the right side, from which she most completely recovered after some weeks, no traces of disease that could have been connected with it being found after death. The fatal attack lasted twenty-two days, and came on in a marked form. As she was going to an evening lecture, she complained of sleepiness, and a bad feeling in her head; and, on the following day, whilst dusting the furniture, she could not stoop on account of the sense of pressure, &c., in her head. Headache was a marked and constant symptom throughout, but it was confined to the left side of the forehead; there was also heat of the head and intolerance of light. Another very peculiar symptom, which appeared on the fourth day and was constant from that time, was an inability of speech; many words could be spoken as well as ever, but very many more could not be spoken at all, though she knew perfectly well the words that she wished to use. On the fourth day she had a momentary loss of consciousness, with general convulsions, from which time she kept her bed, and in the course of about a week she had three more such attacks. At first she was disposed to sleep, but afterwards she was quite wakeful. When in health she never took any animal food; and on the Thursday before her death, there being no reason to suspect the grave disease that existed in the brain, but nourishment seeming more than anything else to be indicated, she was ordered broth: immediately after taking it, stupor came on and lasted till Saturday noon, when it passed off entirely, and until her death, which occurred at 7, P.M., she had even a much greater command of her powers of speech than she had previously had. Otherwise the mind was never at all affected; no delirium, no paralysis of extremities or sphincters, strabismus, vomiting, or even loss of appetite. The bowels acted regularly until the last few days, when they became costive. No chills, heat, flush, or loss of flesh.

Some of the striking points in this case, are, the very peculiar affection of the powers of speech; the improvement in this respect during the last few hours of life; the subsidence of the stupor at the same period, and a tolerable coincidence between the seat of the pain and that of the disease.

On dissection, an abscess was found in the left anterior lobe of the brain, and another in the middle lobe; the two being, perhaps, connected to a small extent, though this was doubtful. They contained an ounce or more of thick, greenish, inodorous pus, and at the base of the brain approached so near to the surface as to seem almost ready to burst.

The limits were perfectly defined, and the inner surface generally sufficiently smooth, more or less red, and in some parts having a very thick pus adhering to it; in the middle lobe the inner surface was quite consistent to the depth of about a line, as from the formation of a membrane. A smaller abscess was also found just outside of the corpus striatum, and apparently connected with the one in the anterior lobe. Around the abscesses the cerebral substance was in a state of yellow gelatiniform softening, in some parts to the extent of about an inch, but in others not at all; at one part, in the middle lobe, this substance was less yellow, somewhat fibrous in appearance, and quite broken down. The convolutions were flattened; but otherwise the brain was quite healthy, the septum lucidum not being softened. Some lymph was found in the fissure of Sylvius, and over the abscesses there was an adhesion to the extent of perhaps two lines; but otherwise there was no meningitis. In the right lateral ventricle there was a considerable amount of serum; no pus in the left. The cranium was considerably thickened in some parts, but otherwise healthy.

VI.—The subject of this case was a child of Mr. Doughty the painter, and a patient of the late Dr. J. D. Fisher. A kernel of coffee was found in the very bottom of the right external auditory meatus, blackened at its outer extremity, and imbedded in a soft cheesy substance. No trace of tympanum, nor of the ossicula. The petrous portion of the temporal bone had a greenish dusky appearance, and the dura mater stripped off readily from it. Parietes of the lateral sinus, just before it passed out from the skull, quite disorganized to the extent of several lines, and perhaps gangrenous. In the right corpus striatum, the left optic thalamus and the left posterior lobe were abscesses, each about as large as a cherry; and in other parts of the brain four or five others, about the size of pepper-corns. These abscesses seemed to have a remarkable predilection for the gray substance, contrary to what is generally observed; the pus was very thick, straw-colored, and mixed with grumous blood; the substance of the brain around them was a little softened, and this formed the parietes. Otherwise, the brain was sufficiently well, as were the membranes. In the lungs were five or six abscesses of a decidedly gangrenous character, from about

one inch to three inches in diameter, and filled with thick pus and grumous blood; the surrounding substance being in a low degree of inflammation.

The child was three years of age, and had suffered much for more than a year from otitis. Fatal cerebral symptoms came on Nov. 17th, 1833, and he died Dec. 5th. At first there was feverishness, and, during the first week, very marked "ague turns, as in intermittent fever." During most of his sickness he was in a very irritable, fractious state, and sometimes screamed; but, as he sank, he became much more quiet; the pulse was always rapid; a week before his death he amused himself with his playthings. There was never any coma, and there is nothing in my notes of the case to show that he did not retain his mind until the last; on the last day there were some irregular convulsions of the face and limbs. The cephalic bellows-sound, of which, as is well known, Dr. Fisher was the discoverer, was very marked in this case. The breath was offensive when Dr. F. first saw him, and disease of the lungs was evident from that time. A discharge from the ear also existed, more or less, and was at times, if not generally, quite offensive.

It is not stated that the pus in the abscesses in the brain was offensive; and if it were not so it is quite remarkable, considering the affection of the bone and the character of the pulmonary abscesses, it having been often enough observed that the pus is offensive when the bone is not diseased. The abscesses in the lungs were probably connected with the disease of the lateral sinus; in regard to which, again, my record is unfortunately deficient, it not being stated whether there was or was not phlebitis with the disease of the parietes of the vein, though it may be almost inferred that there was.

VII.—In this case there were six or eight abscesses, averaging about the size of a hazel-nut, equally divided between the two hemispheres, and filled with thick pus, more or less colored, generally, by blood. The parietes of one of them were comparatively smooth, and quite firm though thin, so that they could be scraped rather roughly without being removed; those of the others were considerably firmer than the rest of the brain, and the internal surface was irregularly reddish. There cannot be much question as to the encysted tendency of these abscesses, though the term "cyst" is not used. In addition to this disease, there was a complete ramollissement of the anterior portion of the left hemisphere, and to the extent of from two to three inches. There was some yellow gelatiniform softening, also, around the abscesses. In the left lateral ventricle there was a considerable amount of dirty pus, with an appearance of inflammation of the lining membrane. Otherwise the brain was healthy; and the membranes were nearly so.

The patient was a man, 30 years of age, who entered the Hospi-

tal July 1st, 1832, and died about the middle of the night of the 3d. Having been previously healthy, he began to have cough, pain in the abdomen, and an alternation of diarrhoea and constipation about three months before admission; these symptoms continued, and on the 19th of June he gave up his work. Eight or ten days before admission, he had profuse haemoptysis; and he seemed to be doing well, when, three or four days before admission, acute pain in the head came on. When first seen, he was able to give an account of himself, but frequently fell asleep during examination; complained of a "dreadful weakness," and of a pain in the forehead and eyeballs, which was constant and mostly severe; breathing and pulse slow; almost no thoracic trouble. The stupor increased, and just before death there was a slight convulsion.

In connection with the cough and haemoptysis, the morbid appearances were not very satisfactory. The depending parts of the lungs were considerably congested, particularly upon the left side, where there was a somewhat gangrenous odor, with a greenish discoloration of the surface of the lung; the examination was made only ten hours after death, but the thermometer stood at 84°. There were no tubercles. In the abdomen there was found a very considerable development of the intestinal follicles, about twenty-five small gall-stones in the gall-bladder, a grumous condition of the spleen, and a marked congestion and brownish discoloration of the left kidney, which alone was examined.

VIII.—This case occurred in the practice of Dr. E. J. Davenport, and the patient was a young infant. At the age of four months it had a severe fall upon the head. During the following month (May, 1832), a swelling formed behind the left ear, opened and discharged greenish pus, there having been previously a discharge of pus from the ear itself. July 18th, it had a sickly look; the countenance was dull; a complete ptosis of the right eyelid existed, which had been coming on for about three weeks, and for the last four or five days the same had been coming on upon the left side. About the middle of Sept., this last symptom disappeared in the course of a week, and never afterwards returned. Oct. 6th, patient returned from the country, much worse; strabismus of right eye, with impairment of vision; faculties evidently impaired; had had partial paralysis of left side, which had subsided, though not wholly; occasional spasms, followed by a voracious appetite. From this time it failed rapidly, the spasms increased, coma came on, and it died Dec. 16th.

The abscess behind the ear continued to discharge, and on dissection the bone was found denuded to some extent. There was also a purulent oozing from the ear, and the membrane of the tympanum was destroyed. In the left optic thalamus an abscess was found, about the size of a filbert, and filled with thick, yellow pus; "its parietes were not thick, but so firm as to appear like a cyst." In the right crus cerebri was a similar abscess, but larger

and more irregular, and seeming about ready to burst. Otherwise, the brain was not remarkable, except that the convolutions were much flattened, and that it varied much in consistence in different parts. The lateral ventricles, however, contained about six ounces of limpid serum; and there was acute meningitis at the base. The head only was examined.

IX.—This case occurred in March, 1849, in the practice of the late Dr. Z. B. Adams. The patient was a man of large frame, 55 years of age, and a respectable mechanic. During the previous winter he had had considerable rheumatism, but was always at work. His sickness was supposed to date back to two and a half or three months before his death. Two weeks or more before this time, the hames of a horse-collar fell upon the top of his head. At the time of his death, I was told that for three weeks after the accident, the pain in the head was so severe that he had to walk his room in the night, the pain being upon the top of the head and towards the front; and that it then subsided, but continued as a dull and heavy pain until death. One of his workmen, however, afterwards informed me that the accident happened a few weeks before the pain began, that he made no complaint after the first day or two following the accident, and that he worked for a day after the pain began. His mind was dull or heavy, and for the last two weeks he was quite disposed to sleep, but he seemed well enough otherwise, as to intelligence. Never any fever. Pulse, after a time, became slow, and even as low as 40, but for the last two weeks rose to 70 or 80. Stomach well; costive towards the last.

On the evening of March 23d, Dr. A. found him as well as he had been. About midnight convulsions came on, and between that time and four the next morning, he had six. The convulsions were followed by coma and paralysis of the right side, and on the morning of the 25th he died, having become much emaciated during his sickness.

On dissection, the two anterior lobes of the brain were found to be adherent; and so firmly adherent to the cribriform plate that the two could not be separated. The bone being chiselled away, no disease was found beneath it. The abscess was just over the ethmoid bone, and mostly in the left anterior lobe, though to a small extent involving the right. It was well defined, and about one and a half inches in extent. The parietes were quite firm, two or three lines in thickness, and, to a very considerable extent, consisted of firm, opaque, greenish lymph. Contained a considerable quantity of thick, greenish, inodorous pus. Besides the above disease, there was a very extensive and very marked ramollissement, involving the greater part of the right and the whole of the left anterior lobe. Upon the left side the cerebral substance was almost diffused, so that the abscess, on approaching it, felt like a hard tumor. Immediately around the abscess the softened brain had a brownish red color; and beyond this, to some extent, it

was straw-colored. Otherwise, the brain was healthy, the limits of the softened portion being ill-defined, as usual. Very little serum in the lateral ventricles, and no marked meningitis; nor was anything found to show that an external injury had been received. The head only was examined.

The ramollissement was regarded as the effect, and not as the cause of the abscess.

On reviewing the above cases, it will be observed that two (II. and V.) only were females. The ages varied from 1 to 55 years; one (VIII.) was 1 year old, one (VI.) 3, two (I. and III.) 13, one (II.) about 14, and the rest were adults. The duration of the disease was from six days to several months; and in many cases this could be very satisfactorily estimated; respectively, in the nine, it was 32 days, 15 days, 4 months, a few days, 22 days, 18 days, 6 days, several months, and $2\frac{1}{2}$ or 3 months. In the first four and in the last there was but one abscess, in one (VIII.) two, in two (VI. and VII.) there were several, and in one (V.) the number was doubtful; the size being very much smaller in these last than where there was but one. In one only (IV.) was the cerebellum the seat of the disease. In seven the cavity was perfectly defined, and in two (I. and III.), if not in five (I., III., VII., VIII. and IX.), there was a cyst; in the remaining two (IV. and VI.) the cavity was sufficiently defined. Nos. IV., VI., VIII., and perhaps I., were connected with disease of the ear; but in the others no other disease was found which could act as an exciting cause; in Nos. I., III. and IX., however, there was external injury which, possibly, acted more or less as a remote cause. In the Guy's Hospital Reports (Vol. III., 3d Series, 1847), Mr. Gull has published a large number of cases of abscess of the brain, and seems hardly to allow, if he does not deny, the occurrence of idiopathic abscess. If five of the cases above reported were not idiopathic, the disease that gave rise to the abscess must have been very imperfectly marked during life and after death. The brain was always thoroughly examined; and if the temporal bones were not examined, it was because there was no reason to suspect the existence of disease in them, and the same may be said of the organs of the thorax and abdomen, when the head only was examined. In some cases details are given, with reference to the above idea of Dr. Gull's, and not because it was thought that the appearances described had anything to do with the disease of the brain. Dr. G. speaks of the abscess as compressing rather than destroying the parts; I had supposed that the contrary was the case, and that the well-known tendency to latency in the disease was in favor of this view of the case. No. II. is a strongly-marked case of the fœtor that, as Dr. G. remarks, has been observed in these cases independently of disease of the bone. The shortest period in which Dr. G. has known a cyst to form, was seven weeks, and he thinks it was perhaps nearer ten; in No. I., of the above cases, it

was well formed in 32 days, and in No. VII. something very much like a cyst was formed in less than a week, so far as the disease could be traced by the symptoms. In regard to the cause of these abscesses, it might have been stated that in no one case was there the least reason to suspect a tubercular origin. The frontal pain, and the absence of pain in the region of the disease, as remarked by Dr. G., were observed in several of the above cases; also the comparative latency. This last I am very much inclined to connect with the absence of meningitis, which is so striking a feature in the above cases; No. VIII., and to a small extent No. V., being the only cases in which it existed. The absence of rigors, which Dr. G. remarks upon, is a very singular fact, and the observation is fully confirmed by the above cases, though in No. VIII. they were strongly marked.

ALLEGED MALPRACTICE.

[Communicated for the Boston Medical and Surgical Journal.]

CORTLAND County, N. Y., has been the scene of several vexatious suits brought against surgeons by irresponsible individuals, who, not satisfied with having received the gratuitous services of the profession, have sought to enrich themselves at the expense of their benefactors.

An action of this description was recently commenced against Dr. Lewis Riggs, of Homer, an aged and highly respected surgeon, who having faithfully served the public for nearly half a century, and acquired a reputation for prudence, skill and capacity, second to none in the County, has in a measure retired from the active duties of his profession to enjoy a well-earned competency. The circumstances are these. Some ten years ago, a lad by the name of Whitney, a miserable, strumous subject, became afflicted with "*morbus coxarius*." After a few days' treatment in the early stage, his regular attendants were dismissed, and he was placed under the care of an "*Eclectic*." The disease advanced steadily, until suppuration was established, and an abscess pointed just behind the trochanter. Dr. Riggs was called, and found the patient suffering from extreme pain and restlessness, with caries of the joint, emaciation, hectic fever, and all the symptoms of an advanced stage of the malady. Little or no effort having been made to preserve extension, the limb had become permanently flexed. The Doctor opened the abscess, and directed a course of treatment under which the case gradually improved, though a number of sinuses subsequently formed in the vicinity of the hip, from which spiculae of bone were from time to time discharged. The patient finally recovered his health, with the usual result of the disease, an ankylosed joint.

The father having a little property which might be liable for costs, the suit was deferred until the boy became of age. Having then nothing to risk, he resolved to try his chance of making a handsome sum out of the Doctor, upon a charge of malpractice. To the honor of the legal profession, it is inferred that no attorney in the County could be induced to engage in the suit. An obscure "limb of the law" was found in an adjoining county, who after listening to the extravagant misrepresentations of his client, and having, as he apologetically declared, his "sympathies wrought upon," commenced the suit. Some effort was made to induce the Doctor to pay a few dollars, and thus avoid the trouble of a defence. This plan did not succeed, and the cause was noticed for trial at the Circuit in Cortlandville. The parties appeared in Court, but the charge was so palpably groundless, and the preparation for a defence so complete, that the suit was discontinued, and a judgment by default rendered against the *plaintiff* for costs, amounting to about \$120.

CONGENITAL SYPHILIS.

Transmission of the disease to two Nurses. Syphilitic Infection of three Infants through the agency of Nursing. By M. LE DR. LE BARILLIER, Physician of the Children's Hospital, Bordeaux.

[Translated for the Boston Med. and Surg. Journal from the *Journal de Médecine de Bordeaux*, April, 1860.]

At the present time, whilst the subject of congenital syphilis, and the manner of its transmission, are engaging much attention, I think it my duty to publish a case, in full, in which the mode of development of this disastrous malady will perhaps be anew, and strikingly, confirmed. The facts are as follows:—

I.—*A Nurse contaminated by her suckling.* Antoinette Eloi, twenty-four years old, a brunette of nervo-lymphatic temperament and good constitution, had always been in perfect health with the exception of a typhoid fever, which occurred at the age of twelve years. She bore her first child—a very healthy one—in 1856, and recovered speedily. In September, 1858, she was confined the second time. This labor was difficult, and the child was still-born. Fifteen days subsequently, Antoinette entered the hospital (*la Crèche*) as a nurse; a careful examination of her, at this time, did not reveal to us any suspicious circumstance; her milk was healthy and abundant. Since her admission, she has never been ill; and all the children she has nursed have uniformly been well, and have not exhibited either redness or eruption (*boutons*) upon the skin.

On the first of October, 1859, a child named Charles-Firmin Miraude, born on the 26th of September, was admitted into the hospital, and recorded as No. 1160, in the Foundling Register. It received the same careful examination on admission, which is

accorded to every child taken into the institution; and nothing particular was elicited in its case. The certificate of the midwife who admitted it, stated that its mother was healthy at the time of her accouchement. The child had simple hare-lip, which did not prevent its nursing. At the expiration of twenty-five days, it was the subject of a very confluent pustular eruption (acute ecthyma) whose character was not for a moment doubtful. It had previously been affected with confluent aphthæ, at the time endemic in the hospital, and which caused—what indeed we frequently have occasion to observe—fissures of the nipple in the nurse Antoinette. It is likely, moreover, that the confluent nature of the cryptogamic eruption masked the suspicious erosions or ulcerations observed in the child's mouth; at all events, the fissures of the nurse's breast increased in size and became ulcerated, and at this period the ecthyma spoken of manifested itself in the child. The ulcerations were at first cauterized with the nitrate of silver, and afterwards treated with calomel cerate, but they increased steadily. It was then resolved to commence an antisyphilitic treatment, which, while it would act favorably with the nurse, might likewise have a marked effect upon her suckling. The child Charles-Firmin Miraudie died, syphilitic, on the nineteenth of November. At this date, the pustules of ecthyma were dried up, and replaced by copper-colored cicatrices; there were mucous tubercles upon the buttocks and around the anus, together with numerous ulcerations upon the lips and upon the palatine arch.

The necroscopic examination, carefully made twelve hours after the patient's death, revealed the existence of numerous ulcerations in the pharynx, having a grayish-colored base; the same were also found in the fauces and nasal fossæ. Numerous indurated masses, having all the characters assigned to syphilitic tubercles, were discovered in the lungs and in the liver.

A second child, of excellent constitution, Marie Sossa by name, had been entrusted to the nurse Antoinette, at the same time with the first, Charles-Firmin. A few days subsequently, the little girl had *muguet*, and was sent into the country, on the fifteenth of October, to be nursed by another woman. The examination of the latter confirmed, in every point, the certificate of the inspecting physician, viz., that she was a healthy nurse, and had abundance of milk. Further information satisfied us that both she and her husband were very correct in their morals, that they enjoyed excellent health, and that their three children were perfectly sound and well. On the 7th of February, the child Marie Sossa was brought back to the hospital by this new nurse, who was in great distress in reference to it, and who had, nevertheless, at this time no trace of syphilitic infection. The testimony of the inspecting physician, and our own examination of the child, satisfied us that it was affected with a general papular syphilitic eruption. At the present time—March 6th—the papules still exist, together with mucous

tubercles upon the genitals, and ulcerations within the mouth. The child died in a short time.*

After the departure of the child Marie Sossa, a third child was given to the nurse Antoinette, while she was still entirely free from disease, and while it was not possible to suppose the existence of syphilis in the child Charles-Firmin Miraude. This third infant, Pierre Cazau, was healthy, but very feeble; he died on the twentieth of December, affected with very decided coryza, ulcerations in the throat and in the nasal fossæ, and having a few of the bullæ of pemphigus upon the thighs and around the genital organs.

II.—*A Nurse infected by the same child* (Pierre Cazau).—Catherine Lavran, 28 years old, of very strong constitution, and who had been a nurse at La Crèche for ten months, in order to oblige her companion Antoinette, whose fissured nipples caused her great suffering, nursed Pierre Cazau three or four times, after he had become affected with ulceration of the mouth, and without the knowledge of the Sister in charge, or of the physicians. Catherine, as is the case with the majority of the nurses at the hospital, had slightly fissured nipples. In a few days the fissures widened, and assumed an unhealthy aspect; at the present date they are converted into actual ulcerations, and which are not amenable to any treatment. There is commencing erythema of the posterior pillars of the palatine arch, obstinate headache, extreme lassitude, and an engorged condition of the anterior cervical glands; and this nurse, who was previously strong and rosy, has become pale and debilitated. Are not these the manifestations of commencing syphilitic infection?† The child which she previously nursed (Lubin Louis Perrinet, born September 1st, 1859, and admitted into the hospital January 12th [1860]), has at present ulcerations upon the lips, gums, and tongue; the frænum of the upper lip has been divided by the ulcerative process, and the child, previously well and fair-looking, is now (April 5th) affected with a cutaneous syphilitic eruption, and with mucous tubercles around the anus.

Present condition of the nurse Antoinette Eloi.—The fissures and

* This child died on the 10th of March. On necroscopic inspection, 12 hours after death, the integuments were pale and flabby; a few spots, nearly colorless, could still be seen in the situations of the syphilitic papules, and especially just below the umbilicus. The nasal mucous membrane was found ulcerated; it was very pale. The mucous membrane of the palate had disappeared in several places.

Brain.—The membranes—particularly the arachnoid—were very much softened. The arachnoid was lined with a substance resembling false membrane, and of gelatiniform consistence; the substance of the brain was not so firm as is usual.

The *lungs* were healthy; the costal pleura was covered with the gelatiniform product mentioned above.

The liver was very much developed, and of a clear yellow color; a few whitish spots were visible on its convex surface.

The kidneys, very fully developed, showed no apparent lesion. The peritoneum and intestines presented nothing remarkable.

† April 3.—Extensive ulcerations have taken the place of the erythematous patches in the throat, and have also encroached upon the palatine arch; there is likewise syphilitic roseola, and more decided engorgement of the anterior and posterior cervical glands.

ulcerations of the breasts are entirely cicatrized; the headache, hitherto constant and very severe, has diminished. Fifteen days after the ulcerations appeared about the breasts, she had general roseola, followed by mucous tubercles in the posterior fauces, and in the genito-crural region. There were also incrustations upon the scalp.

At the present date, the roseola has disappeared and given place to lenticular, copper-colored papules; the mucous tubercles of the mouth are softened and ulcerated, especially at the posterior part of the pharynx and upon the tonsils; the sub-maxillary, and the anterior and posterior cervical glands are engorged; there is very marked emaciation, and commencing alopecia. Antoinette Eloi is not allowed to nurse any children, and is undergoing an antisyphilitic treatment, of which mercurial preparations constitute the foundation.

What must we conclude from the above facts, if it be not, with M. Diday, 1st, that congenital syphilis is transmissible in the highest degree; 2d, that its evolution is often slow; 3d, that the lesions which result, frequently assume a *very rapid* course; 4th, that the lesions of congenital syphilis, although they present the form and the mode of development of the secondary accidents of ordinary syphilis, are contagious, like the primitive accidents of the latter disease.

In the case we have related, as in the majority of the numerous instances which have fallen under our notice at the Children's Hospital, the primary lesions appear first upon the breasts of the nurses, and in the mouths of the children. The presence of stomatitis is unfortunately often an obstacle preventing our accurately defining the time when the accidents appear in the child; and the fissures caused by the state of the child's mouth furnish an easy entrance for the contagion. The contagious virus deposited upon the breasts of Antoinette by the child Charles-Firman, was, in this case, the means of infection of the other children, and subsequently of the second nurse.

The facts are very interesting, and I believe that they were accurately observed; and also that I can draw very positive conclusions from them as to the contagious nature of congenital syphilis, and its mode of transmission.

DENGUE, OR BREAK-BONE FEVER.

[THE following account, written by a very intelligent practitioner in Cayuga Co., N. Y., has already appeared in print in one of the daily papers of that County. A copy of the paper containing it was forwarded by the writer, accompanied by an interesting letter, to Prof. O. W. Holmes, of this city, and the account is inserted here as a matter of general interest to the profession.—EDS.]

This singular disease has made its appearance in this place and vicinity, and has been somewhat prevalent for the last two months. Its proper *habitat* and home is far south of this, and, so far as I know, this is its first appearance in this section of the country.

The etymology of the barbarous term *dengue* is obscure. And the first account we have of the disease itself—unless it is identical, as some have supposed, with the “break-bone fever,” described by Dr. Rush, which appeared in Philadelphia in 1780, and which is quite problematical—was brought from Rangoon, in the East Indies, in May, 1824, and it appeared in Calcutta in June. It reached the Island of St. Thomas, in the West Indies, in September, 1827, and soon extended to the rest of the Islands, and the next year to the Southern States, reaching New Orleans in the spring, and Charleston and Savannah in the summer. A few cases were observed in Philadelphia and New York, at which latter place it found for a time its northern limit. Though no longer appearing as a wide-spread epidemic, it is now quite a common disease in most of the Southern States, particularly in South Carolina, Georgia, and Alabama, where, in the winter of 1850, the writer of this brief notice found it prevailing quite extensively; and lately he has been told that it is now becoming quite common in some parts of Virginia. It is probably marching northward, and very likely may, ere long, become domesticated among us, and become one of our standard diseases.

It usually commenced with stiffness and swelling in some of the small joints, or the muscles of a limb, with aching of the back and joints, restlessness, heat of skin, headache and thirst. To these succeeded fever, and intense pain in the back, knees, ankles, and, in turn, most of the joints, although the pulse was not much accelerated, and the tongue only slightly coated with a yellowish fur. After a day or two, the skin usually lost its dryness and heat, and became relaxed with abundant perspiration, when the local pain partially subsided. In this stage, in a few cases, there appeared a slight partial miliary eruption; in most this symptom was totally wanting, but in nearly all there appeared on the limbs spots of florid redness of variable size, which, in the aged and feeble, soon assumed a purple hue. Between the second and fourth days there was a deceitful truce, and many believed themselves to have passed through the worst stages, and some even attempted to resume their ordinary occupations. Soon, however, the severe symptoms returned with augmented violence, the local pain became intolerably excruciating, seldom continuing, however, but a few hours in one place, but shifting from limb to limb, with more or less swelling of the extremities, limbs, and sometimes the face, with agonizing pain on being moved, great depression of spirits and mental prostration. The pain—which was always worse in the morning and forenoon, and wore off as the day advanced, was peculiar in its character, being apparently seated in the bones,

which the sufferer described as though it seemed it were breaking or splitting into fragments. After a few days the tongue becomes clean, and the pulse natural, but the pain very slowly subsides, the limbs remaining for a considerable time sore, swelled, stiff and clumsy. Convalescence is exceedingly slow and tedious.

Thus it will be seen from this brief and imperfect, but I believe perfectly faithful description, that this malady, though unquestionably *sui generis*, bears some resemblance to both erysipelas and inflammatory rheumatism, and in many cases, by those unacquainted with dengue, is mistaken for them. When the swelling is considerable, it is often called erysipelas; when the intense pain, which is often arthritic and neuralgic in its character, is the predominating symptom, it is styled rheumatism. But it is more painful and more shifting than rheumatism scarcely ever is, though that complaint is certainly distinguished for these characteristics, but in a lesser degree, and it may be known from erysipelas by its attacking all the limbs, and most of the joints, in rapid succession, which fleeting and fugitive character true erysipelas *never* assumes; and it furthermore differs from both, in the occasionally seen miliary eruption, and almost constantly accompanying florid spots, and by occurring but once to the same individual.

It attacks both sexes and all ages indiscriminately. At the South it is considered contagious, but I have seen nothing in the cases which I have witnessed, to confirm that belief. Some persons have it very lightly—swollen limbs, or face, and a few migratory and transient pains, constitute the whole phenomena; others were confined to their beds from two to four weeks. From one to two weeks may constitute the general average.

The prognosis is exceedingly favorable; probably there is not one death in a thousand cases. But the untold bone-breaking agony of the severe cases, and the long, dejected, miserable convalescence, inspire in the minds of those who have had it, more dread and horror, than many far graver and more dangerous diseases. At the South, I have heard those who have had both this and the yellow fever, positively declare that, of the two, they would prefer having the latter.

As to the treatment, dengue is so slightly dangerous, and being self-limited besides, all active interference should be dispensed with. Although it cannot be cut short entirely, still, very much can be done to alleviate the sufferings, and to hasten recovery. Anodynes should be given freely to subdue the intense pain, diaphoretics to promote perspiration, and hot water stupes, or mustard cataplasms, be applied to the seat of the pain, and followed up, as it flits to other quarters.

The protracted convalescence should be hastened by generous food, to which quinine or London porter may with propriety be added.

Those who desire further information on this singular disease,

may consult Dickson's Elements of Medicine, page 731, and Copland's Dictionary, Vol. III., page 721. These instructive and ably written monographs will well repay perusal.

Moravia, N. Y., May 12, 1860.

C. POWERS, M.D.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 31, 1860.

AMERICAN MEDICAL ASSOCIATION.—The Thirteenth Annual Meeting of the National Medical Association will commence its session, as has already been announced, in New Haven, on Tuesday of next week. This is, we believe, its second meeting in New England, since its formation, the other having taken place in Boston in 1849. This circumstance will probably secure an unusually large attendance from the New England States; and as the various railroad corporations in different parts of the country have made such arrangements as to render the expenses of the journey to and fro quite within the means of all, it is hoped that the profession generally will be fully represented.

We are not especially apprised of what is likely to come before the Association, but doubt not, out of the abundance of material at hand, something will be found the consideration of which will be both interesting and profitable. We have always regarded, as not the least important result of this yearly assembling together of physicians from all parts of the country, that of cherishing a mutual good will and fellowship among the members of the profession. This, of itself, is perhaps one of the most certain means of bringing about that hearty and united action, essential to the fulfilment of the higher objects of the Association, and without which it would fail to answer the great end for which it was established. Little as has yet been accomplished, we are confident that it cannot fail ultimately to exert an important influence in extending the field of medical research, in elevating the standard of medical education, and in diffusing a spirit of scientific inquiry, alone created and fostered by an association broad and national in character as well as in name. Composed, as this body is, of men, many of whom are eminent in the various departments of medical knowledge, and fresh from their labors in a field of almost unlimited extent and fertility, it also combines peculiar facilities for the collection of much important material, to serve as a basis for future generalization, thus enabling the profession in America to do its share in advancing the great interests of humanity in a manner worthy of itself and of the country it represents.

We hope to have the pleasure of recording, at the close of the present session, that nothing has occurred to interrupt the harmony of the proceedings, and that a positive advance has been made towards placing the Association on a sure and permanent basis.

ABSENCE OF THE URINARY BLADDER; ENLARGEMENT OF THE PELVIS OF ONE KIDNEY.—M. Schmidt states, *Jour. de Méd. de Bruxelles*, that a woman, aged 30, died at the Central Hospital of the Great Duchy of Luxemburg, who presented, on a *post-mortem* examination, a complete absence of the bladder. The right kidney was very large, and its pelvis so increased in size that it could contain four or five ounces of fluid. It had evidently performed the office of a bladder. It was terminated by a very long ureter, which opened at the meatus. The left kidney was quite atrophied, and seemed to be affected with tubercular degeneration. The woman had stated that she had suffered from incontinence of urine since her twelfth year—a circumstance which can hardly be credited when the congenital defect is considered.—*Medical News*.

DINNER TO PROF. GEO. B. WOOD, of PHILADELPHIA.—Dr. Wood, who has recently resigned his professorship in the Medical School of the University

of Pennsylvania, and is on the eve of sailing for Europe, has been honored by a public dinner in Philadelphia, a full account of which is published in the last No. of the *Medical and Surgical Reporter* of that city. We have only room to copy the following brief extract from the remarks introductory to that account.

"When it became known that Dr. Wood expected to go abroad this spring, to be gone two or three years, there was a general conviction that the profession of this city owed it to themselves and to the profession of the country, to show him some mark of respect. In doing this, they yielded to a prevalent custom, and proffered him a dinner, which came off at the Academy of Music on the 16th instant. The occasion was one of great interest. A sumptuous dinner was provided by the Committee of Arrangements, of which Dr. La Roche was chairman, and about one hundred of the profession of this city partook of it, and united in the agreeable exercises which followed."

PNEUMONIA IN LONDON AND DUBLIN.—The *Dublin Medical Press* says, that the deaths from pneumonia in London number from one hundred and thirty to a hundred and fifty weekly; but that in Dublin a death from that disease is of rare occurrence.

RETIUS, the eminent anatomist, died in Stockholm, on the 18th of last month, in the 64th year of his age.—The systematic training of nurses, under the auspices of Florence Nightingale, is to be commenced in the St. Thomas's Hospital, London.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, MAY 26th, 1860.

DEATHS.

				Males.	Females.	Total.
Deaths during the week,				50	40	90
Average Mortality of the corresponding weeks of the ten years, 1850-1860,				34.4	31.9	66.3
Average corrected to increased population,				75.6
Deaths of persons above 90,			

Mortality from Prevailing Diseases.						
Consumption.	Croup.	Scarlet Fever.	Pneumonia.	Measles.	Smallpox.	
16	1	3	12	3	8	

METEOROLOGY.

From Observations taken at the Cambridge Observatory.

Mean height of Barometer,	.	.	29.954	Highest point of Thermometer,	.	.	77°
Highest point of Barometer,	.	.	30.162	Lowest point of Thermometer,	.	.	42°
Lowest point of Barometer,	.	.	29.420	General direction of Wind,	.	.	N. E.
Mean Temperature,	.	.	54°.5	Whole am't of Rain in the week	.	.	0.72 in.

BOOKS AND PAMPHLETS RECEIVED.—Institutes of Medicine. By Martyn Paine, M.D. Fifth Edition. (From Brown, Taggard and Chase.)—Medical Literature in California. By J. D. B. Stillman, M.D., of Sacramento.—A few Thoughts on the Use and Abuse of the Uterine Speculum, with some Remarks on Uterine Polypus. By W. H. Gantt, M.D., Union Hill, Texas.—Transactions of the Medical Society of the State of New York for the year 1860. (From the Secretary.)

MARRIED.—In this city, on the 17th inst., Wm. Edward Conole, M.D., to Miss Elizabeth J., daughter of the late Hon. Joseph Bell.—23d inst., Peter D. Walsh, M.D., to Miss Eliza J. Conley, both of this city.—At Lowell, 21st inst., Thomas G. Durkee, M.D., of Stoneham, to Miss Angelina R. Woodward, of L.—At Camden, Me., 21st inst., W. H. Hall, M.D., of Brooklyn, N.Y., to Miss Susan T. Hall, of C.

DIED.—At Lexington, Mass., 26th inst., Dr. Stillman Spaulding, 72.—In Brooklyn, N. Y., May 23d, Ezekiel Ostrander, M.D., 82.

Deaths in Boston for the week ending Saturday noon, May 26th, 90. Males, 50—Females, 40.—Accident, 1—biliary calculi, 1—disease of the bowels, 1—inflammation of the brain, 1—disease of the brain, 1—inflammation of the heart, 1—bronchitis, 1—cancer, 3—consumption, 16—convulsions, 1—croup, 1—carditis, 1—diarrhoea, 1—infantile diseases, 6—puerperal disease, 2—dropsy, 1—dropsy in the head, 4—drowned, 3—dysentery, 1—erysipelas, 1—scarlet fever, 3—typhoid fever, 2—gravel, 1—hemorrhage, 1—intemperance (delirium tremens), 1—congestion of the lungs, 2—disease of the lungs, 2—inflammation of the lungs, 12—marasmus, 1—measles, 3—pleurisy, 1—rheumatism, 1—smallpox, 8—teething, 1—tumor, 1—unknown, 2.

Under 5 years, 35—between 5 and 20 years, 9—between 20 and 40 years, 20—between 40 and 60 years, 18—above 60 years, 8. Born in the United States, 61—Ireland, 18—other places, 11.